MULTISOLVING
AT THE INTERSECTION
OF HEALTH AND CLIMATE
LESSONS FROM SUCCESS STORIES

Elizabeth Sawin
Stephanie McCauley
Lucy Saunders
Larissa Lockwood
Forbes McGain

Webinar: 16 July 2018
Our interactive tools help people **see what works** to address climate change and related issues like energy, water, and disaster risk reduction.
C-ROADS climate model

US
EU
Other Developed
China
India
Other Developing

Temperature Increase by 2100

+4.2°C

En-ROADS energy policy model

World Climate exercise
Avoided global climate change, decades from now

Costs of low-carbon investment
Avoided global climate change, decades from now + Jobs, health benefits, equity community cohesion, resilience, food, air and water quality

Costs of low-carbon investment
Multisolving (v): Changing lives for the better while protecting the climate

Project supported by the Robert Wood Johnson Foundation
So, why isn’t there more multisolving for climate and health?
## Obstacles to Multisolving

<table>
<thead>
<tr>
<th>Obstacle</th>
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</thead>
<tbody>
<tr>
<td>1. Disciplinary silos</td>
</tr>
<tr>
<td>2. Budgetary silos</td>
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<tr>
<td>3. Jurisdictional silos</td>
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<tr>
<td>4. Weak community engagement skills</td>
</tr>
<tr>
<td>5. Challenge of funding prevention vs care</td>
</tr>
<tr>
<td>6. Long-term benefits within systems oriented toward short-term decision making</td>
</tr>
</tbody>
</table>
What can we learn from the ‘bright spots’ around the world where policies are tackling health and climate change together?
Global scan gathered **106 examples** and information on the:

• Context (social, political, technological),
• Collaboration, and
• Change achieved by the policies

**Criteria**

• Diversity of scales, regions, sectors
• Intentional crossing of typical sector boundaries
### Selected Case Studies

<table>
<thead>
<tr>
<th>Case Study</th>
<th>Country</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green Curtains</td>
<td>Japan</td>
<td>Nature, Buildings</td>
<td>Plants edible or decorative climbing plants on exterior of buildings</td>
</tr>
<tr>
<td>Walk to School</td>
<td>England</td>
<td>Transport</td>
<td>Encourages parents, teachers, and students to walk to school</td>
</tr>
<tr>
<td>Warm Up New Zealand</td>
<td>New Zealand</td>
<td>Buildings</td>
<td>Retrofits houses to reduce cold-related illnesses, energy costs, and carbon emissions</td>
</tr>
<tr>
<td>Ciclovía Bogotá</td>
<td>Colombia</td>
<td>Transport</td>
<td>Closes over 120 km of roadway to cars on Sundays and holidays</td>
</tr>
<tr>
<td>Healthy Streets for London</td>
<td>England</td>
<td>Transport</td>
<td>Improves air quality, reduces congestion, and makes London healthier and more attractive</td>
</tr>
<tr>
<td>ProAire</td>
<td>Mexico</td>
<td>Transport</td>
<td>Unites multiple organizations to reach air quality goals</td>
</tr>
<tr>
<td>Espigoladors Gleaning Movement</td>
<td>Spain</td>
<td>Community</td>
<td>Volunteers glean, distribute through food banks, and process food into jams, sauces, and soups</td>
</tr>
<tr>
<td>Healthy Meals for Patients and the Environment</td>
<td>Malaysia</td>
<td>Hospital</td>
<td>Dialysis center serves vegetarian food and recycles all forms of waste</td>
</tr>
<tr>
<td>Operation TLC</td>
<td>England</td>
<td>Energy</td>
<td>Encourages behaviors such as turning off equipment, closing doors, and allocating patient quiet time</td>
</tr>
<tr>
<td>Smarter Anesthetic Gases</td>
<td>Australia</td>
<td>Hospital</td>
<td>Hospitals switch to anesthetic gases that lower costs and emissions</td>
</tr>
</tbody>
</table>
Lucy Saunders – Healthy Streets for London

Lucy Saunders developed the Healthy Streets Approach for the Mayor of London’s Transport Strategy. She is now leading the implementation of the Healthy Streets Approach, developing and sharing tools for delivering Healthy Streets. She has worked with Transport for London for the past 5 years, delivering their award-winning Health Action Plan. Lucy is a Fellow of the UK Faculty of Public Health.
Healthy Streets in London

Lucy Saunders
The story so far...
1. Pick the priorities
The biggest health impacts of the transport system relate to motorised road transport.

Physical activity
Injuries
Air quality
Noise
Severance

How do we address these?
2. Frame the priorities
The Healthy Streets Approach

- Pedestrians from all walks of life
- Easy to cross
- Shade and shelter
- Open space
- Things to see
- People feel relaxed
- Clean air
- People choose to walk, cycle and use public transport
- Not too noisy
- People feel safe

Source: Lucy Saunders
3. Find a champion
“My vision to create ‘Healthy Streets’ aims to reduce traffic, pollution and noise, create more attractive, accessible and people-friendly streets where everybody can enjoy spending time and being physically active, and ultimately to improve people’s health”.

A City for All Londoners - October 2016
4. Set your vision
Putting people & their health at the heart of decision making

Clear shift away from private car use

3 levels of delivery

Measuring success against the 10 Healthy Streets Indicators
5. Embed the vision in policy
Healthy Streets is being embedded across the Mayor’s strategies...

MAYOR OF LONDON

- London Plan
- Health Inequalities Strategy
- London Environment Strategy
- Policing and Crime Plan
- Mayor’s Transport Strategy
- London Housing Strategy
Ambitious targets for delivering Healthy Streets

- 80% sustainable mode share by 2041
- 20 minutes of active travel for all by 2041
- Vision zero for road danger by 2041
- Zero emission by 2050
- 10% less in central London am peak 2026
- 3 million fewer private car trips by 2041
6. Set a plan for delivery
Transport for London Business Plan

We are working with the boroughs on hundreds of schemes across London that make it easier to walk, cycle or use public transport.

Cyclo Superhighways
Camden, Ealing, Greenwich, Hammersmith & Fulham, Hounslow, Kensington & Chelsea, Lewisham, Southwark and Westminster

Clear and safe segregated routes across London

Vauxhall Gyratory
Wandsworth

Returning to two-way roads for better walking and cycling

Charlie Brown's Roundabout
Redbridge

New pedestrian and cycle crossings, and fewer delays to traffic and buses

Gunners Avenue
Hounslow

Major street improvements for safer for walking and cycling

Elizabeth line
Brentwood, Ealing, Greenwich, Havering, Hillingdon, Islington, Newham, Redbridge, Tower Hamlets and Westminster

Henry public areas and interchanges outside 8 outer London Elizabeth line stations

Liveable Neighbourhoods
programme
Ealing, Haringey, Waltham Forest, Hackney, Havering, Greenwich and Lewisham

Grant funding for borough schemes to reduce car trips, improve health and air quality

Mini-Holland
Enfield, Kingston and Waltham Forest

Three outer boroughs with a network of cycle routes

Stratford Town Centre
Newham

A safer, more attractive town centre for people to spend time in
7. Create tools to support
Guide to the Healthy Streets Indicators

Easy to cross

Streets with suitable crossing facilites make walking and cycling less appealing. They can be a significant barrier to those people travelling on foot or bike. The types of crossing needed will vary, but on all streets it should be easy for people of all ages and abilities to find a safe place to cross without having to go out of their way.

Questions

- Can people cross the road safely at the point they would find most convenient?
- Does the amount and speed of traffic make it difficult for people to cross the road?
- Are the crossings provided suitable for the type of street, the amount of traffic and the needs of the people using the road?
- Are crossings accessible to everyone?
- Do people need to walk to a junction to find a safe and accessible place to cross?
- Can people walking and cycling pedestrians and cyclists cross safely, directly and comfortably at junctions?
- Are there no waiting times for people to cross without feeling rushed, including mobility impaired people or people crossing with children?
- Is there good visibility so that people crossing can see oncoming traffic and be seen?
- Where pedestrians get crowded, is there enough space for people to walk and are crossings wide enough for the amount of people using them?
- Are there any places where people have to walk on an island in the middle of the road be made more comfortable to use?
- Are the entrances to side streets be narrowed and raised to pedestrian level to give clear priority to people walking and make drivers slow down?
- Does the amount and location of car parking and loading bays make it difficult for people to cross the road?

Combining zebra and cycle crossings gives priority to people using walking and cycling routes where it crosses another street. Crossings should be positioned to provide a direct connection and avoid the need for people to go out of their way to cross.

Lower Clapton, E17 Hackney

A raised area at the midpoint of a street makes it possible for mobile impaired people and those pushing buggies or travelling with luggage to cross easily and safely. It also helps slow traffic.

Leytonstone Road, E15

Raising and narrowing the carriageway at side roads helps to slow traffic and makes it easier for people walking to cross.

Cronwell Road, SE21

Crossings should be as direct as possible but on streets with very heavy traffic it is sometimes necessary to split pedestrian crossings, providing space for people to walk in the middle of the road. This space needs to be large enough to comfortably accommodate people walking to cross.

Wood Green High Road, N11

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Healthy Streets Check for Designers

Example
Archway, Islington

Before

After

Number of known road danger issues before & after
Online tool for monetising health benefits of uplift in walking and cycling

TfL is applying this tool to its schemes

Example Leonard Circus, Hackney

Monetised health benefit of these improvements

= £1762,000

= £225,000
Example
Portsmouth road, Kingston

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<tr>
<th>Aspect</th>
<th>Before</th>
<th>After</th>
<th>Increase</th>
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<tbody>
<tr>
<td>Overall Satisfaction</td>
<td>72</td>
<td>84</td>
<td>12</td>
</tr>
<tr>
<td>Attractive</td>
<td>66</td>
<td>82</td>
<td>16</td>
</tr>
<tr>
<td>Clean air</td>
<td>58</td>
<td>69</td>
<td>11</td>
</tr>
<tr>
<td>Not noisy</td>
<td>57</td>
<td>66</td>
<td>9</td>
</tr>
<tr>
<td>Enjoyable</td>
<td>67</td>
<td>78</td>
<td>11</td>
</tr>
<tr>
<td>Easy to cross</td>
<td>63</td>
<td>72</td>
<td>9</td>
</tr>
<tr>
<td>Places to stop &amp; rest</td>
<td>34</td>
<td>46</td>
<td>12</td>
</tr>
<tr>
<td>Shade &amp; shelter</td>
<td>46</td>
<td>58</td>
<td>12</td>
</tr>
<tr>
<td>Safe from crime</td>
<td>83</td>
<td>85</td>
<td>2</td>
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<tr>
<td>Not intimidated by traffic</td>
<td>60</td>
<td>72</td>
<td>12</td>
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<tr>
<td>Clean and free from litter</td>
<td>21</td>
<td>82</td>
<td>61</td>
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<td>Greenspaces</td>
<td>77</td>
<td>85</td>
<td>8</td>
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<tr>
<td>Pavements</td>
<td>58</td>
<td>82</td>
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Small Change, Big Impact

A delivery tool

- Practical guide for implementing light touch and temporary projects
- Tips on how to overcome hurdles
- Technical guidance on delivery
- Includes case studies to inspire you
- Links to other tools and resources
- Directory and glossary
9. Provide training
Healthy Streets Workshops

400 People Trained!
10. Track progress
<table>
<thead>
<tr>
<th>2017/18</th>
<th>2018/19</th>
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<tbody>
<tr>
<td><strong>Safety &amp; Operations</strong></td>
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<tr>
<td>Killed &amp; serious injuries on the roads</td>
<td>Killed &amp; serious injuries on the roads (and on / by buses)</td>
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<tr>
<td>Total injuries on public transport services</td>
<td>Total injuries on public transport services</td>
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<tr>
<td>Network capacity</td>
<td>Operational improvements to sustainable travel</td>
</tr>
<tr>
<td>Road / Bus / Underground reliability</td>
<td>Euro VI bus fleet size</td>
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<tr>
<td>Project delivery</td>
<td></td>
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<tr>
<td><strong>Customer</strong></td>
<td></td>
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<tr>
<td>Customer satisfaction</td>
<td>Bus / Underground reliability</td>
</tr>
<tr>
<td>Total public transport trips</td>
<td>Customer satisfaction</td>
</tr>
<tr>
<td>NO₂ concentrations</td>
<td>Additional time for step-free journeys</td>
</tr>
<tr>
<td>Affordable housing</td>
<td></td>
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<tr>
<td>Step-free journeys on the Tube</td>
<td></td>
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<tr>
<td><strong>People</strong></td>
<td>New Homes and Jobs</td>
</tr>
<tr>
<td>Workforce representativeness, engagement</td>
<td>Affordable housing</td>
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<td><strong>Financial</strong></td>
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<tr>
<td>Operating surplus, cash</td>
<td>Sustainable mode-share improvement</td>
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<td></td>
<td>All transport strategy themes</td>
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<td></td>
<td>Project delivery (including Crossrail)</td>
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<td></td>
<td>People</td>
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<td></td>
<td>Workforce representativeness, inclusion, engagement</td>
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<td></td>
<td>Financial</td>
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<td></td>
<td>Operating surplus, Investment programme cost</td>
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lucysaunders@tfl.gov.uk
@le_saunders
Larissa Lockwood leads the coordination of events across the UK for Global Action Plan’s Clean Air Day. From helping establish the NHS Sustainable Development Unit and drafting the first NHS Carbon Reduction Strategy to managing Global Action Plan’s award-winning Operation TLC program: Larissa is at the forefront of the movement promoting just how intertwined our environment and our health really are.
Best patient environment and lower energy bills

Operation TLC
Creating Healing Environments

Larissa Lockwood
Head of Health
Global Action Plan
A charity that enables people to see, believe and act on the big win/win - that what is better for us is better for our planet.
Operation TLC is about front-line staff taking simple actions to create more restful and comfortable places for patients. It focuses on achieving the best temperature, managing light levels, and reducing noise in the day and night.
In 2012, Barts Health NHS Trust asked a question:

How can busy, patient-dedicated staff reduce hospital energy bills?
What actions could be taken?

1. **High percentage of lights often left on without need**
2. **Equipment on unnecessarily, or surplus to requirements**
3. **Lack of control over temperature management**

*Operation TLC*

Creating Healing Environments
What stopped staff taking these actions?

- Building Knowledge
- Lack of Expectation
- Habit and Memory
- Maintenance of Facilities
The toughest question:

What would motivate healthcare staff to take energy saving action?
Prime motivation for staff = patient care

Aligning energy actions with patient care
Staff Motivations: Making the immediate hospital environment more comfortable for patients and staff

- Patients
- People
- Planet
- Pocket

Healing environment
Working environment
Healthier planet
Saving money
Available evidence of the benefits of better hospital building conditions

Increasing natural light exposure

• Patients in dull rooms in a cardiac intensive care unit had a mortality rate of 11.6% vs 7.2% for those in sunny rooms. That’s a 60% higher mortality rate. [Canada, n=628] (Beauchemin and Hays, 1998)

• Increased natural light in mental health patient rooms resulted in 3.7 day shorter hospital stay on average. [Italy n=187] (Benedetti et al, 2001)

• Cervical and lumbar spinal surgeries patients who received more natural light saw a 22% decrease in painkilling medicine use. [UK n=89] (Walch et al, 2005)
What happened when we started to encourage change?
1. We found ourselves doing unusual things
2. Staff started to see the benefits

THIS MORNING ALL OUR PATIENTS WERE JOLLY AT 6:30 AM. THEY HAD HAD A GOOD NIGHT’S SLEEP AND WERE MORE READY TO ACCEPT MEDICATION

NURSE, FRIMLEY PARK NHS FOUNDATION TRUST

TLC HAS IMPROVED THE QUALITY OF THE RELATIONSHIP BETWEEN US AND OUR PATIENTS

NIGEL ROSE, PAEDIATRIC WARD MANAGER

IT’S REFRESHING TO SEE SOMETHING BEING DONE ABOUT WELL-BEING. IT IS COMMON FOR STAFF TO GET HEADACHES AND MIGRAINES FROM THE ENVIRONMENT AT WORK

LAB TECHNICIAN, GREAT ORMOND STREET
3. Started to save money and carbon

Financial savings

£500,000
a year saving (3%) from combined energy bill of £17m

CO₂
2200t/CO₂
2200 tonnes of carbon saved each year – the same as 35,000 car journeys from London to Manchester
4. Others began to adopt the idea
Consolidate all benefits into one business case

✓ Benefits patient sleep, rest and recovery

✓ Attractive financial payback

✓ Boosts staff engagement and happiness with hospital conditions

✓ Immediate action to address financial overspend that improves quality

✓ Reduces carbon emissions and environmental impact
The bigger financial picture

- Energy
- Staff illness
- Shorter patient stays and less medication
The secrets to a successful Operation TLC in your Trust

A successful Operation TLC programme brings together staff from the clinical and nursing teams with a long-term vision, a commitment to play their part and dedication to help each other overcome any barriers to making the buildings the best they can be. Follow these six secrets to create healing and energy efficient environments for the long term.

1. Have a champion in every area

Each ward or department has a champion, who is responsible for championing best practice with their team, track and communicate progress, and escalate any issues. Champions require short training without leaving their section.

2. Promote the benefits of a restful environment

Ensure that staff understand that light, temperature and noise profoundly affect patients’ sleep, rest, recovery and overall health. They also understand that improving restfulness will increase savings and productivity. To understand this, the team should engage staff at the very beginning. In the organisation-wide campaigns, the included message was directed to the entire organisation, ensuring that the key messaging (e.g., better sleep, better health) is consistent, simple and effective.

3. Create tailored action lists

Tailor your considerations to determine the best practice for creating healing conditions at each location. The way the buildings work and the needs of patients. The Estates department and local teams directly know how the buildings and patients interact, and can tailor them to enhance patient experience.

4. Track progress

Track progress with a walk-around, patient interviews, and metrics feedback. Energy savings can be tracked by monitoring and light moves toward total energy savings.

5. Communicate best practice

Best practices should be shared across staff at the very beginning. In one organisation-wide campaign, the message was directed to the entire organisation, ensuring that the key messaging (e.g., better sleep, better health) is consistent, simple and effective.

6. Long-term embedding through systems and maintenance

The Chief Nurse and Estates Director are crucial in progressing. Champions are identified at the start, and the programme continues. The contract needs to be reviewed, ensuring processes such as induction, training, and documentation, and that the budget is allocated. This should ensure consistent focus on the Operation TLC. Internal courses should educate staff regularly on maintaining and enhancing hospital experience, modifying hospital staff experience.
Creating Healing Environments

www.greenhospitals.net/new-member-resources-saving-energy-through-behavior-change/

Larissa.Lockwood@globalactionplan.org.uk
Forbes McGain – Smarter Anesthetic Gases

Dr. Forbes McGain is an anesthetist and intensive care physician at Western Health Hospital, Melbourne, Australia and Honorary Associate Professor, School of Medicine, University of Sydney. He completed a PhD in 2016 studying hospital sustainability within the operating suite and intensive care unit. Forbes is passionate about spreading sustainability in medicine.
Reducing Greenhouse Gas Emissions of Anaesthetic Gases in the OR

Forbes McGain
Western Health, Melbourne
Sydney University School of Public Health,
Doctors for the Environment, Australia

Thanks to Rick Horton (WH Director of Anaesthesia) et al
The Environmental Effects of One Doctor

Work Matters MORE than Home...
The Aims of this Talk are to Answer...

1. What was the biggest challenge you addressed in this case study/project?
2. What did you do to measure results?
3. What did you do to cultivate partnerships?
4. What do you wish you had known at the start of the project?
5. If you had to choose one factor that led to your success, what would it be?
6. What advice would you give to others hoping to make similar changes?
The Thin Blue Line
A Gentle Introduction to Why Anaesthetic Gases are Environmentally Problematic...

1. What was the biggest challenge you addressed in this case study/project?
Table 4. Atmospheric Lifetimes, Radiative Properties and Estimated Global Warming Potentials for Isoflurane, Desflurane and Sevoflurane

<table>
<thead>
<tr>
<th></th>
<th>Isoflurane CF₃CHClOCHF₂</th>
<th>Desflurane CF₃CHFCOCHF₂</th>
<th>Sevoflurane (CF₃)₂CHOCH₂F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atmospheric lifetime (years)</td>
<td>3.2</td>
<td>14</td>
<td>1.1</td>
</tr>
<tr>
<td>Radiative efficiency¹ (W m⁻² ppb⁻¹)</td>
<td>0.453</td>
<td>0.469</td>
<td>0.351</td>
</tr>
</tbody>
</table>

Global warming potentials

<table>
<thead>
<tr>
<th></th>
<th>Isoflurane CF₃CHClOCHF₂</th>
<th>Desflurane CF₃CHFCOCHF₂</th>
<th>Sevoflurane (CF₃)₂CHOCH₂F</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 year time horizon</td>
<td>1800</td>
<td>6810</td>
<td>440</td>
</tr>
<tr>
<td>100 year time horizon</td>
<td>510</td>
<td>2540</td>
<td>130</td>
</tr>
<tr>
<td>500 year time horizon</td>
<td>160</td>
<td>770</td>
<td>40</td>
</tr>
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</table>

N₂O 100 year Global Warming Potential = 300
The Hummer-16litres petrol/100km
Desflurane- GWP= 2,540
At 1 litre/min., one hour=200km in the Hummer
N₂O at 1 litre/minute = 100km ‘Hummering’
22 ml Desflurane = 1 hour...

=600 ml Sevoflurane

=30 litres of petrol
Gases

1. Use Low Flow!

2. Replacement of desflurane with sevoflurane from 15% to 5% at our 15 theatre hospitals led to...
   i. $35,000 savings p.a.
   ii. 35 return flights from Melbourne to London

3. Similar environmental savings if you convert from $N_2O$ to sevoflurane, but NO financial savings (nitrous is cheap!)...
### Anaesthetic Agent

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
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<tbody>
<tr>
<td>Desflurane 240mL bottles</td>
<td>198</td>
<td>82</td>
<td>55</td>
<td>18</td>
</tr>
<tr>
<td>Sevoflurane 250mL bottles</td>
<td>1,584</td>
<td>1,546</td>
<td>1,552</td>
<td>1,427</td>
</tr>
<tr>
<td>ISOFLURANE 250mL bottles</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Propofol 1000MG 100mL injectate</td>
<td>123</td>
<td>110</td>
<td>415</td>
<td></td>
</tr>
<tr>
<td>Propofol 500mg 50mL injectate</td>
<td>741</td>
<td>2,009</td>
<td>4,727</td>
<td></td>
</tr>
<tr>
<td>Nitrous Oxide (M3)</td>
<td>2,948</td>
<td>2,842</td>
<td>3,135</td>
<td></td>
</tr>
</tbody>
</table>

2. **What did you do to Measure the Results?**
3. What did you do to cultivate partnerships?

i. 2012-From the outset deliberated, cajoled and considered
   • the Director of Anaesthesia and others who would at least be supportive

ii. Gradually led to a group of anaesthetists
    • Of ‘no desflurane’ (’normalised behaviour’)

iii. Education regarding the GWPs of anaesthetic gases

iv. 2016- Policy to use desflurane ‘only when absolutely required’ and removed from the anaesthetic machine
4. What do you wish you had known at the start of the project?

i. The problem of Nitrous Oxide!

ii. Much greater (10 fold) problem than desflurane, approximately ¼ due to obstetrics...

iii. N$_2$O is harder to consider as it is cheaper than any of the volatile anaesthetics...
5. If you had to choose one factor that led to your success, what would it be?

• Anaesthetists who were interested
  i. in the environment,
  ii. climate change, and
  iii. making change!
6. What advice would you give to others hoping to make similar changes?

i. Find those who are willing to at least be supportive of your endeavours

ii. Pilot change first

iii. Normalise this change

iv. Educate

v. Make policy change...

vi. And then repeat (elsewhere, with other projects, with others)…
With Further Thanks To

• Western Health’s:
  • Operating Theatres’ Anaesthetists
  • Nurses
  • Catherine O’Shea and the Sustainability Committee
Contributors to Success

- Champion(s)
- Design for learning and growth over time
- Community engagement
- Financing plan and/or low cost design
- Metrics and analysis
- Strategies to counter resistance to change
Recommendations to Multisolve in Your Own Work

• Start small, start now
• Document as wide an array of benefits and costs as you can, and share your results, good or bad
• Experiment
• Build a communications strategy
• Seek ways to embed your innovations
  • SOPs/habits/norms
  • Regulations and Laws
  • Ongoing sustainable financial flows
    → Reinvest initial savings in multisolving program and capability building
• Expect growth and scale up, even if you don’t know where/how
Recommendations to Encourage Multisolving

• Encourage a common identity and a community of practice

• Recognize that the ‘replicable unit’ may be the approach, rather than specific projects
  • The projects appeared to be very path-dependent and opportunistic – the habits of collaboration, learning, measuring co-benefits, investing in communications may be the most transferable, rather than the particulars of a specific project

• Support small seeds – none of the projects emerged initially as a full collaboration

• Support documentation of co-benefits very early on

• Allow for experimentation, evolution over time, and a need for trust-building and communication
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Thank You!

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